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| Blood Alcohol Kit Order | | Date |
| Agency Name | Agency ORI | |
| Street Address (NO P.O. Box Numbers) | City/State/Zip | |
| CHECK ONE - (12 kits per case; maximum of 2 cases) <input type="checkbox"/> One Case <input type="checkbox"/> Two Cases | | |
| Signature of Requestor | Printed Name of Requestor | |
| Telephone Number of Requestor | | |
| FAX COMPLETED FORM TO: 517-333-2755 OR MAIL COMPLETED FORM TO: MICHIGAN STATE POLICE MSD – DISTRIBUTION CENTER 714 S. HARRISON ROAD EAST LANSING, MI 48823 | | Index: 46300 PCA: 46350 AUTHORITY: 1935 PA 59 COMPLIANCE: Voluntary |